



MIAMI-DADE COUNTY 2015 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: ____/____/____

Mr/Ms Last Name

First Name

Mi.

Business/Firm Name

Address

City

State

Zip

Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone

Fax

E-Mail

Please indicate if you are representing a ___ Not-for-Profit Agency or ___ if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):

___ Certified Level 1 C.S.B.E ___ Certified Micro Enterprise ___ Certified Tier I Community Business Enterprise

___ Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

Signature of Lobbyist

State of _____, County of _____

Sworn to and subscribed before me this

_____ day of _____, 20____. By _____

who is personally known ___ or produced identification _____.

Type of Identification Produced _____

Notary Public in and for the State of _____ at Large

My commission expires:

(Notary Seal)

Deputy Clerk

ETHICS TRAINING REQUIREMENT

Section 2-11.1(s)(2)(d) of the Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.

Has Ethics Training Been Completed?

(Please Circle) Y / N

If Yes, Date of Completion ____/____/____

For Office Use Only:

Annual Registration Fee: **\$490.00 effective through 12/31/2015**

Date Entry Date _____, 20____.

Fee Paid: [] Yes [] No [] Cash [] Check # _____ [] Visa [] Master Card

Entered By _____ [] American Express

(Form Revision Date: 11/20/2014)

Clerk of the Board of County Commissioners, 111 NW First Street, Suite 17-202, Miami, FL 33128

Office: 305 375-5137 - Fax 305 375-2484

www.miamidade.gov

Email: clerkbcc@miamidade.gov

